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ABSTRACT

This document contains materials for a 160-hour independent study course with 100 hours of clinical experience, designed to update the skills of Licensed Practical Nurses (LPNs) who had temporarily stopped practicing so that they can return to the work force. Following prefatory material on methodology, qualifications for admission, and the textbook to be used, a course description, a list of course objectives, and a skills inventory are provided. A test format is used to present the course materials themselves; they concern: legal, ethical, and regulatory issues; the LPN's role; communications; the nursing process; nursing diagnosis and care planning; guidelines for care planning; recording and reporting; symbols and abbreviations; drug administration; collection of physical data; nutrition; intravenous therapy; tube feeding; diagnostic tests; collecting specimens; catheterizations; acquired immune deficiency syndrome; environmental safety; tracheotomy; blood transfusion; patient teaching; and delegation. References are supplied for each topic covered. (KC)

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L. P. N. Update Program

A program of Self-Study for Nurses

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Preface

With the shortage of nurses, the college received many requests for a refresher course for Licensed Practical Nurses (LPN) and many LPN's who had dropped out of the work force to raise their families were now feeling the need to return to nursing. Cognizant of the many changes that had taken place since they last practiced nursing, they started searching for a course that would help them update their skills. Health care facilities, feeling the shortage, felt they did not have sufficient time to update a prospective employee on the job. A grant was awarded under the Alternative Delivery Terminology RFP to develop the course.

While the college received many requests for this type of course, it was difficult to schedule because of mandatory class size. By making this an independent study course, there is no need to wait for fifteen (15) students before starting. Also, there is opportunity for more one-to-one interaction with the student and instructor.

Methodology

This is a 160 hour independent study course with 100 hours of clinical experience. The clinical area is determined by student's preference and site availability. A preceptor is assigned on the clinical area. The preceptor is a Licensed Practical Nurse (LPN) who has had at least two years of work experience at the clinical site. Scheduling flexibility is required so a preceptor is available to the student as necessary at the clinical area. The beginning dependent role of the student is gradually changed to an independent role as the clinical experience progresses.

Pre-clinical meetings are held with instructor and preceptor and student and preceptor. The instructor meets at least weekly with student and preceptor on clinical and a weekly one hour conference at school is scheduled with student to discuss progress and problems. The Skills Inventory is completed before beginning clinical experience and is updated weekly. Other items completed by student and covered during conferences include:

Weekly Care Plan
Drug Cards
Collection of Physical Data
Teaching Plan

The instructor is available at all times to the student and preceptor by telephone. Student evaluations are accomplished by use of Skills Inventory, clinical observation, and interaction with student.

Qualifications for Admission

Current Wisconsin LPN license or permit.

Physical examination with physician's recommendation on the basis of health.

Text

Smith, Sandra and Donna Duell, Clinical Nursing Skills, Second Edition, National Nursing Review, Inc., Los Altos, California, 1988.

Acknowledgments

One never undertakes a task of this magnitude without the help of many others. I would like to express my sincere thanks to all who assisted throughout the development of this program.

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COURSE DESCRIPTION

This independent study course is designed to update the LPN on theoretical and clinical components of nursing practice. Emphasis is on the long term care facility. Topic's included are legal, ethical, and regulatory issues; care planning and documentation; data gathering, tube feeding; infection control; drug administration; IV Therapy; AIDS; nutrition; communications; safety; elimination problems; tube feeding; and diagnostic tests.

OBJECTIVES

Upon completion of the program, participants will be able to:

1. Explain legal, ethical and regulatory issues governing nursing today.
2. Describe the role of LPN in nursing today.
3. Demonstrate application of 5 steps of the nursing process when giving patient care.
4. Write a nursing care plan utilizing nursing diagnoses.
5. Document nursing care correctly.
6. Complete data collection of one patient.
7. Demonstrate care of patient with tube feeding.
8. Demonstrate body fluid isolation techniques.
9. Write a teaching care plan for a patient.
10. Demonstrate nursing activities associated with drug therapy.
11. Demonstrate IV therapy for a patient.
12. Discuss how AIDS has changed nursing care.
13. Demonstrate tracheostomy care.
14. Complete a nutritional assessment of a patient.
15. Develop time management skills in giving patient care.
16. Demonstrate usage of therapeutic communication when interacting with patient.
17. Explain patient preparation for specific diagnostic tests.
18. Explain nursing care associated with elimination problems.

Name _____

SKILLS INVENTORY

	No Background Knowledge	Need Review	Proficient
Use of IVAC thermometer			
Apical - radial pulse			
Use of Doppler			
Oxygen therapy			
mask			
cannula			
Oxygen analyzer			
Postural drainage			
Incentive spirometer			
Water-seal drainage system			
Suctioning			
oral			
nasotracheal			
tracheostomy			
Tracheostomy care			
Chest tubes			
Neurological checks			
Hoyer lift			
Transfer belts			
Elastic stockings			
Thromboguards			
Body fluid precautions			
Nasogastric tubes			
insertion			
irrigation			
tube feedings			
Colostomy care			
irrigation			
skin care			
bag application			

Digital removal of impaction			
Catheter insertion			
Foley			
straight			
male			
female			
Removing retention catheter			
Condom catheter			
Suprapubic catheter care			
Accu check			
Guaiac			
S & A			
Downing sterile gloves			
Dressings			
sterile			
clean			
wet to dry			
Removing sutures - staples			
Wound drains			
Penrose			
Hemovac			
Jackson-Pratt			
Admin. of blood products			
Hypteralimentation			
Intralipid therapy			
IV therapy			
IV push meds.			
IV piggy back			
IV pumps			
Heparin lock care			
Discontinuing an IV			
IM injections - ventrogluteal site			

Insulin injection			
Heparin injection			
Venipuncture			
butterfly			
angiocath			
vacutainer			
PCA pump			
TENS			
Groshong/Hickman catheter			
Patient admission			
Patient discharge			
Tube feedings			
Monitoring specific gravity			
Suppository insertion			
Enema			
Contact lens care			
Hearing aid care			
Eye drops			
Ear drops			

LEN:lcb
June 1989

Legal, Ethical and Regulatory Issues

1. Describe the evaluation, characteristics, advantages, and disadvantages of the following nursing care delivery models:

   a. care method
   b. functional method
   c. team nursing
   d. total patient care
   e. primary nursing
   f. care management (Peggy Primm)

2. Discuss the affect each of the following has had on nursing:

   a. Nursing Training Act
   b. Medicare
   c. Medicaid
   d. Occupational Safety & Health Act (OSHA)
   e. Health Maintenance Organizations (HMO's)
   f. D.R.G.'s
   g. Shortage of nurses

3. Explain the status of the "Entry into Practice Issue" in Wisconsin. Define "grandfather clause" and explain its importance.

4. Define Quality Assurance. List seven components of a quality assurance program. See Quality Assurance terms.

5. Discuss Voluntary vs. Mandatory Continuing Education.

6. Describe the nurse's responsibility relating to the Uniform Anatomical Gift Act of 1971. What is a "Living Will"? Define brain death.

7. Define ethics. Summarize the eleven points in the A.N.A. Code of Ethics. Explain the process for resolving ethical problems.

8. Describe three provisions of a Nursing Practice Act.

9. Summarize the twelve points of The Patient's Bill of Rights.

10. Discuss the following as related to nursing:

    a. Accountability
    b. Responsibility
    c. Advocacy

11. Discuss the following issues pertaining to nursing:

    a. Informed consent
    b. Controlled Substance Act of 1970
    c. "Floating"
    d. Incident reports
    e. Good Samaritan laws

Ellis, Janice and Celia Hartley, Nursing in Today's World, Philadelphia: J. B. Lippincott Co., 1984, 2nd Edition

Potter, Patricia and Anne Perry, Fundamentals of Nursing, St. Louis: C. V. Mosby Co., 1989, 2nd Edition

Practical Nurse's Role

1. Define nursing process.

2. Describe the practical nurse's role in each of the following:

   a. Assessment
   b. Nursing diagnosis
   c. Planning
   d. Implementation
   e. Evaluation

3. Compare and contrast the health care team with the nursing team.

4. Describe the function of each of the following:

   a. Registered Nurses
   b. Practical Nurses
   c. Student Nurses
   d. Nursing Assistants
   e. Health Unit Coordinators
   f. Unit Managers

5. Compare and contrast the following:

   a. Case nursing
   b. Functional nursing
   c. Team nursing
   d. Primary
   e. Case management

6. Describe the practical nurse's role in the patient care conference.

7. Define assertiveness.

8. Identify 3 rules that are helpful in being assertive.

9. Describe the practical nurse's role in each of the following:

   a. NFLPN
   b. NAPNES
   c. NLN

10. Describe 12 Rights of Patients.

11. Explain the function of the Nurse Practice Act.

12. Describe the difference between a basic patient situation and a complex patient situation and between direct supervision and general supervision.

13. Describe the following:

    Negligence
    Malpractice
    Assault
    Battery
    False imprisonment
    Defamation

14. List 6 common causes of nursing liability and how each can be avoided.

15. List 4 elements necessary to prove negligence.

16. Differentiate between personal values and nursing ethics.

17. Describe accountability in nursing.

Reference

Hill, Signe and Helen Howlett, Success in Practical Nursing, W. B. Saunders Co., Philadelphia, 1988, pp. 21-29, 34-39, 126-133, 199-200, 206-219.

Communications

1. Define communications.

2. Name 2 types of verbal communications.

3. List the 4 essential elements of communication.

4. Identify 7 problems the nurse may encounter when communicating with elderly patients.

5. Compare and contrast expressive and receptive aphasia.

6. Describe and give an example of the following techniques of therapeutic communication:

   Reflection
   Clarifying
   Paraphrasing
   Focusing
   Open-ended question
   Supportive statement
   Silence
   Stating observations

7. Describe how the following nonverbal communication techniques are used:

   Eye contact
   Facial expression
   Gestures
   Touch
   Territoriality
   Body posture

8. Describe and give an example of the following nontherapeutic communication techniques:

   Giving an opinion
   Changing the subject
   False reassurance
   Incongruences
   Value judgments
   Social response
   Overloading

9. Name 2 types of change-of-shift reports.

10. Identify 3 advantages of walking rounds.

11. Identify 10 guidelines for a change-of-shift report.

12. List 8 techniques for answering the telephone.

13. List 5 techniques for placing a telephone call.

14. Describe 10 guidelines to be used by the nurse when documenting patient care.

15. Supply an example of formal and informal communication regarding patient care.

16. Describe the following components of a nursing care plan:

    Nursing diagnosis
    Expected outcome
    Nursing orders

17. Explain updating of the nursing care plan.

18. Describe the use of computers in communication of health care.

Videotape - "Communications"

Nursing Process

1. Define nursing process

2. Describe nursing activities associated with each step of the nursing process.

   a. Assessment
   b. Nursing Diagnosis
   c. Planning
   d. Nursing Intervention
   e. Evaluation

3. Differentiate between subjective and objective data. Give two examples of each.

4. List and explain nursing activities associated with the 3 steps of the diagnostic process.

5. Compare and contrast actual and potential problems.

6. Explain the difference between patient and nursing goals.

7. Define and give one example for each type of patient goal.

   a. Short term
   b. Long term
   c. Maintenance

8. Give 2 examples for each of the following types of nursing intervention.

   a. Dependent
   b. Independent
   c. Interdependent

9. Identify 4 factors to consider during the evaluation of the nursing process.

Smith, Sandra and Duell, Donna, Clinical Nursing Skills, Los Altos, California, National Nursing Review, Inc. 1988, 2nd Edition

Videotape: "Nursing Process"

Nursing Diagnosis and Care Planning

1. Define nursing diagnosis.

2. List 8 advantages of nursing diagnoses.

3. Compare and contrast medical diagnosis and nursing diagnosis.

4. Describe the formation of a nursing diagnosis from the data base.

5. List 8 characteristics of a nursing diagnosis.

6. Identify the 3 essential components of the nursing diagnosis.

   P -
   E -
   S -

7. Write 3 nursing diagnosis using the PES format for the following patient:

   Situation: Mr. Brown, a 72 year old man with chronic obstructive pulmonary disease, was admitted to the nursing home three weeks after a total "R" hip replacement. He has a history of degenerative arthritis. The doctor has ordered daily physical therapy for gait training. Mr. Brown uses a walker with 10% weight bearing on his right leg. Mr. Brown has a very poor appetite and has been losing weight. He spends most of his time alone in his room looking out the window. He often expresses dissatisfaction with his care and nursing home placement.

8. Identify 4 problems frequently encountered in writing nursing diagnosis.

9. Discuss prioritization of patient problems.

10. Define "goal" as related to care planning.

11. List 3 types of goals.

12. List 6 characteristics of goals.

13. Write goals for the nursing diagnosis written in #7.

14. Define nursing intervention as related to care plans.

15. Describe the following types of interventions:

    a. Dependent
    b. Independent
    c. Interdependent

16. Write nursing interventions for nursing diagnosis written in #7.

17. Describe modification/updating of the nursing care plan.

18. Using the attached form, develop a weekly care plan for one of your patients. Critique your care plan. The care plan will be discussed in your conference.

Videotape: "Nursing Diagnoses and the Care Plan"

Name _____

Date(s) _____

CLIENT _____

Room _____ Age _____

MEDICAL DIAGNOSIS _____

_____

Surgery _____

Date of Surgery _____

NURSING CARE PLAN

GUIDELINES FOR CARE PLANNING

Nursing Diagnosis	Goals/Objectives	Nursing Orders	Evaluation
Nursing Diagnosis Identification of an actual or potential problem (the undesirable response or problem of the patient. R/T Etiology Factors contributing to undesirable response. M/B Characteristics Symptoms, behaviors and lab values that are specific to the undesirable response. Subjective data Objective	Goal: (Long range outcomes) Statement describing what patient is working toward. Must be related to nursing diagnosis. Objectives: Short Term 1. Accomplishment of these will lead to accomplishment of goals. 2. Objectives are: a. based on the nursing diagnosis b. specific, measurable, realistic, attainable c. stated in terms of what the patient will be doing or looking like.	Use action verbs. Keep directions simple. Be specific. Includes: what is to be done when it is to be done how it should be performed Stated in terms of what the nurse will be doing.	1. Compares the client's responses to the goals and objectives. 2. Analyzes variables affecting outcomes. 3. Includes modifications in the nursing care plan.

14

Critique Your Care Plan

1. Is you data base complete?

2. Is each nursing diagnosis stated correctly?

   a. Is it a three part statement? (problem, etiology, symptoms)
   b. Is it stated as _____r/t_____m/b_____?

3. Does the goal reflect resolution or control of the problem?

4. Are the objectives:

   a. measurable? (Showing what the patient will either look like or be able to do?)
   b. realistic?
   c. showing resolution of the manifestations of the problem?
   d. showing progress toward goal achievement?

5. Do the nursing orders:

   a. match the objectives and show what the nurse will do to help the patient reach the objective?
   b. state specifically what is to be done, who will do it and how often it must be done?

6. Does your evaluation:

   a. include a data base reflecting progress or lack of progress in reaching the objectives?
   b. formulate a conclusion on the basis of this data?
   c. alter the plan of care if appropriate to your conclusion?

Social Information | Plans for Discharge

| PHN Referral:

Date	#	Nursing Diagnosis	Goals/Objectives	Nursing Orders

Diagnosis | Physician | Surgical Procedure

Room	Name	Address (city only)	Age	SMDW	Adm.	Notify:

Recording and Reporting

1. List 6 characteristics of good reporting and recording.

2. Identify 12 items to include in the change-of-shift report on a patient.

3. Describe 6 purposes of patient records.

4. Identify 10 guidelines for charting.

5. Supply the meaning for common abbreviations and symbols used in charting. (see attached list)

6. Describe contents in these sections of the patient's chart and the nurse's responsibility for each.

   a. Data base or admissions sheet
   b. Problem list
   c. Nursing care plan
   d. Flow sheets
   e. Progress notes
   f. Nurses' notes
   g. Discharge summary
   h. Physician's order sheet
   i. Graphic sheet
   j. Laboratory reports
   k. Patient history
   l. Consent forms
   m. Physical exam sheet
   n. Medication sheet
   o. Care plan

7. Identify the data to be included in the following sections of SOAP charting:

   S -
   O -
   A -
   P -

8. Describe how the nurse determines the A section.

9. Do a SOAP charting entry for each nursing diagnosis used in the patient situation used in Nursing Diagnoses in Patient Care.

10. Describe the purpose of a Flow Sheet.

11. Demonstrate correct usage of a Flow Sheet.

Potter, Patricia and Perry, Anne, Fundamentals of Nursing, St. Louis: C. V. Mosby Company, 1989, 2nd Edition

Kozier, Barbara and Erb, Glenora, Fundamentals of Nursing, Reading, Massachusetts: Addison-Wesley Publishsing, 1979, 2nd Edition

Videotape: "Documentation of Patient Care"

SYMBOLS AND ABBREVIATIONS

B.P. _____

T.P.R. _____

N.P.O. _____

P.O. _____

Ad lib _____

D/C _____

P.R.N. _____

Stat _____

A.C. _____

P.C. _____

H.S. _____

Q.D. _____

Q.O.D. _____

B.I.D. _____

t.i.d. _____

Q.i.d. _____

gr. _____

Gm. _____

$\dot{T}$ _____

$\overline{V}$ _____

$\overline{X}$ _____

$\overline{c}$ _____

cc. _____

ml. _____

gtt. _____

I.M. _____

B.R.P. _____

Wt. _____

I. V. _____

Sub-q _____

Kg. _____

m. _____

O.D. _____

O.S. _____

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DRUG ADMINISTRATION

For review, read pages 288-340.

Complete Programmed Instruction Unit Drug Calculations.

While on clinical lab keep a list of all medications administered and supply the following information:

Name of drug
Classification
Dose
Route
Reason for patient receiving drug
Common side effects
Nursing implications - include patient teaching
Evaluation

These drugs will be discussed in your conference.

Smith, Sandra and Duell, Donna. Clinical Nursing Skills
Los Altos, California National Nursing Review, Inc.
1988, 2nd Edition

Drug Administration

1. Explain the following steps of drug metabolism:

   a. Absorption
   b. Distribution
   c. Biotransformation
   d. Excretion

2. List 15 factors that affect drug metabolism.

3. Compare and contrast verbal and written orders.

4. Identify the 7 parts of a drug order.

5. Describe the 3 types of drug orders.

6. Compare and contrast the unit dose and traditional method of administering medications.

7. Demonstrate application of topical vasodilators.

8. For intradermal injections:

   a. Uses
   b. Syringe used
   c. Needle - gauge and length
   d. Sites
   e. Angle of insertion
   f. Massaging vs. non-massaging after injection

9. Demonstrate intradermal injection.

10. For subcutaneous injection:

    a. Amounts given
    b. Needle gauge and length
    c. Sites
    d. Angle of insertion
    e. Massage vs. non-massage after injection

11. Demonstrate subcutaneous injection.

12. Describe nursing action if blood appears in syringe while aspirating.

13. Describe how a heparin injection differs from other subcutaneous injections.

14. Give the purpose for drawing up 0.2 cc of air in syringe before giving some injections.

15. Describe site for heparin injection.

16. Demonstrate heparin injection.

17. Name 3 reasons for giving a drug by intramuscular route.

18. List 8 general guidelines to consider when giving an intramuscular injection.

19. Identify sites of IM injections.

20. Describe location of ventrogluteal muscle.

21. Why is the ventrogluteal site preferred for IM injections?

22. Demonstrate giving an IM injection in the ventrogluteal site.

23. Why is the Z-track used?

24. Compare and contrast Z-track with other IM injections.

25. List 8 measures used to alleviate pain during injections.

26. Describe CDC's guidelines for disposal of needles and syringes.

27. Demonstrate instillation of eye medications.

28. Demonstrate administration of ear medications.

29. Demonstrate administration of nose drops.

References

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, pp. 288-337.

Videotape "Medication Administration"

Collection of Physical Data

1. Describe 5 reasons for collecting physical data.

2. Describe the following skills:

   Inspection
   Palpation
   Percussion
   Auscultation
   Olfaction

3. Describe 5 principles of inspection used in physical data collection.

4. Compare and contrast light and deep palpation.

5. Describe direct and indirect percussion.

6. Describe each of the following sounds produced by percussion:

   Tympany
   Resonance
   Hyperresonance
   Dullness
   Flatness

7. Describe the following characteristics of sound heard through auscultation:

   Frequency
   Loudness
   Quality
   Duration

8. Explain use of bell and diaphragm on stethoscope.

9. Demonstrate auscultation of bowel sounds.

10. Complete the following:

Odor	Site or Source	Potential Cause
Alcohol		
Ammonia		
Body odor		
Fecal		
Foul smelling stool		
Halitosis		
Sweet, fruity		
Stale urine		
Sweet, heavy		
Musty		
Fetid sweet		

11. Describe in detail preparation of patient for the physical examination.

12. List equipment/supplies needed for the physical examination.

13. Describe 10 general appearance and behavior observations to make.

14. Describe and demonstrate the following integumental assessments:

    Color
    Moisture
    Temperature
    Texture
    Turgor
    Vascularity
    Edema
    Lesions

15. Demonstrate examination of eyes:

    Visual acuity
    Visual fields
    Extraocular movements
    Lacrimal gland and ducts
    Conjunctivae
    Sclerae
    Cornea
    Pupils
    Irises

16. Define the following:

    Hyperopia
    Myopia
    Presbyopia
    Strabismus
    Cataracts
    Glaucoma

17. Review the mechanism of sound transmission.

18. Demonstrate examination of auricles, ear canal and ear drum.

19. Describe maneuvering of auricle for exam of adult and child.

20. Differentiate between conduction, sensorineural, and mixed hearing loss.

21. Demonstrate Weber's and Rinne's test.

22. Demonstrate examination of nose, sinuses, mouth, pharynx, lips, gums, palate, neck, lymph nodes, thyroid, carotid artery, jugular vein and trachea.

23. Demonstrate inspection, palpation, percussion, and auscultation of thorax and lungs.

24. Describe and demonstrate auscultation of normal breath sounds.

    Bronchial
    Bronchovesicular
    Vesicular

25. Describe the abnormal breath sounds.

    Crackles
    Rhonchi
    Wheezes
    Pleural friction rub

26. Define and locate P.M.I.

27. Demonstrate inspection and palpation of the heart.

28. Define heart murmurs.

29. Explain the scale (0 to 4) used to measure pulses.

30. Demonstrate examination of the following peripheral pulses and document findings:

    Temporal
    Carotid
    Brachial
    Radial
    Ulnar
    Femoral
    Papliteal
    Posterior tibial
    Dorsalis pedis

31. Demonstrate breast exam.

32. Demonstrate inspection, auscultation, percussion, and palpation of the abdomen.

33. Explain the reason for order of techniques in number 32.

34. Define borborygmi.

35. Define ascites.

36. Describe and demonstrate 4 methods to determine progression of ascites.

37. Describe inspection of perineal and anal area.

38. Using inspection and palpation demonstrate the assessment of the musculoskeletal system.

39. Define lordosis, kyphosis, and scoliosis.

40. Measure level of consciouness using the Glasgow Coma Scale for recording findings.

41. Demonstrate examination of 12 cranial nerves.

42. Describe procedure for measuring edema and documentation of same.

43. Document finds of physical examination..

References

Potter, Patricia and Anne Perry, Fundamentals of Nursing, 2nd Edition, C. V. Mosby Co., St. Louis, 1989, pp. 233-325.

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 380-431.

Videotape: "Assessments".

Nutrition

1. List the 6 nutrients essential for life, their function in the body and sources of each.

2. Using the following criteria, do a basic nutritional examination on a patient:

    Appetite
    Weight
    Food intake
    Meal pattern
    Physical factors
    Disease
    Sociocultural-religious factors
    Elimination schedule

3. Explain the food exhange list.

4. Review the following therapeutic diets:

    Carbohydrate control
    Protein control
    Fat control
    Mineral control
    Vitamin control
    Fiber control
    Calorie control
    Gastrointestinal disease
    Renal disease
    Cardiovascular disease
    Bland food diets
    Pre- and post-op diets
    Mechanical soft
    Puree diets

5. List sources high in the fat-soluble and water-soluble vitamins.

6. List foods high in sodium and potassium

Reference

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 342-377.

IV Therapy

1. Identify the main goal of IV therapy.

2. List 4 considerations for vein selection for venipuncture.

3. Demonstrate proper tourniquet placement.

4. Demonstrate site cleansing.

5. Describe direct and indirect method of venipuncture.

6. Using correct technique, demonstrate insertion of:

   a. Angiocath (over the needle catheter)
   b. Butterfly

7. Demonstrate taping techniques.

8. Describe use of normal saline to anesthetize IV site before venipuncture.

9. Demonstrate discontinuing IV.

10. List 3 methods of administering drugs intravenously.

11. Discuss purpose of heparin lock and its care.

12. Demonstrate administering IV meds by:

    a. Adding drug to large volume of fluid
    b. IV push
    c. Piggyback

13. Discuss IV drug incompatibility.

14. Describe 4 physical incompatibility reactions.

15. Describe 3 chemical incompatibility reactions.

16. List 6 guidelines for reducing drug incompatibilities.

17. Complete IV problems.

Videotapes - "IV Therapy" and "IV Medications"

Smith, Sandra and Duell, Donna, Clinical Nursing Skills, National Nursing Review, Inc., Los Altos, California, 1988, 2nd Edition, pp. 730-768.

IV Therapy Photoskill Book

PROBLEMS

1. John is to have 2000cc's over the next 24 hours. The I.V. tubing delivers 15 drops per cc. What would the drip rate be?

2. John is extremely dehydrated. The physician orders 1000cc's of fluid over the next 8 hours, then 1000cc's over the next 12 hours, then run at a keep-open rate of 50cc's per hour. What would the rate for the first 8 hours be? What would the rate for the next 12 hours be? What should his total I.V. intake be for the 24 hours?

3. John is now order to have an antibiotic given q 6 hours by soluset (mixed in 50cc's of solution). The soluset is to run over 30 minutes. What is the soluset rate?

4. John's IV has become positional and you are concerned that large amounts of fluid which run in at times are aggravating his CHF. Will putting up a microdrip resolve the problem?

I.V. Complications

Complication	Possible causes	Signs and symptoms	Nursing considerations	Prevention tips
Infiltration	.Needle or catheter displacement (either partial or complete) .Leakage of blood around needle or catheter (especially likely in an older patient whose tissues have lost their elasticity)	.Coolness of skin around site .Swelling around site, which may or may not be painful .Swelling of entire limb .Absence of blood backflow. If a tourniquet is applied above the site, the infusion continues to run .Sluggish flow rate	.Discontinue the infusion sion, and remove the needle or catheter immediately .If the infiltration is caught within a half hour and the swelling is small, apply ice. Otherwise, apply warm wet compresses to encourage absorption .Restart IV in another limb .Document what you've done	.Use a splint to stabilize the needle or catheter when the site is over a joint or the patient is active .Palpate occasionally to confirm proper needle position. When a needle is placed correctly in a superficial vein, you can usually feel it easily
Thrombophlebitis	.Injury to the vein, either during venipuncture or from needle movement later .Irritation to the vein caused by the following: long-term therapy, irritating or incompatible additives, or use of a vein that is too small to handle the amount or type of solution .Sluggish flow rate which allows a clot to form at the end of the needle or catheter	.Sluggish flow rate .Edema in limb .A vein that is sore, hard, core-like, and warm to the touch. It may look like a red line above the venipuncture site	.Discontinue the infusion and remove the needle or catheter immediately .Apply warm wet compresses .Notify doctor .Restart IV in another limb .Document what you've done .Important: In the case of a sluggish flow rate, never try to irrigate the line. In addition to increasing the risk of infection, you may flush a clot into the bloodstream, causing an embolus	.If you have to use an irritating additive, try to find a vein large enough to dilute it. Dilute irritating additives with diluents, if possible .Make sure drug additives are compatible .Keep the infusion flowing at the prescribed rate .Stabilize the needle or catheter with a splint, if necessary

Complication	Possible causes	Signs and symptoms	Nursing considerations	Prevention tips
Circulatory overload	.Too much fluid .Fluid delivered too fast	.Rise in blood pressure and central venous pressure (CVP) .Dilation of veins, with neck veins sometimes visibly engorged .Rapid breathing, shortness of breath, rales .Wide variance between liquid input and urine output	.Slow the infusion to a keep-vein-open (KVO) rate .Raise patient's head .Keep him warm to promote peripheral cirulation and erase the stress on the central veins .Monitor vital signs .Administer oxygen, if permitted .Notify doctor .Document what you've done	.Be aware of the patient's cardiovascular status and history .Tell the doctor if the fluid volume or flow rate may be more than the patient can tolerate .Monitor the patient's urine output
Air embolism (Air embolisms pose a greater risk and are more common with central lines than with peripheral ones)	.Container allowed to run dry .Air in tubing .Loose connection	.Blood pressure drop .Rise in CVP .Weak, rapid pulse .Cyanosis .Loss of consciousness	.Turn the patient on his left side and lower the head of the bed. If air has entered his heart chambers, this position may keep it on the right side of the heart. The pulmonary artery will then absorb small air bubbles .Check system for leaks .Give oxygen if allowed .Notify doctor immediately .Document what you've done	.Clear all air from the tubing before attaching it to the patient .Change containers before they are empty .Make sure all connections are secure

Complication	Possible causes	Signs and symptoms	Nursing considerations	Prevention tips
Catheter embolism (Catheter embolisms are more common with inside-the-needle catheters (INC) than with outside-the-needle catheters(ONC)	.Withdrawing the catheter before the needle or attempting to rethread a catheter with a needle .Failure to secure the catheter to the skin adequately	.Discomfort along the vein in which the catheter fragment is lodged .Blood pressure drop .Rise in CVP .Weak, rapid pulse .Cyanosis .Loss of consciousness	.Discontinue IV .Apply tourniquet above site. You may be able to stop the catheter from migrating farther .Have patient x-rayed to confirm embolism .Document what you've done	.Remember to withdraw needle and catheter together after an unsuccessful venipuncture attempt .Take special care when taping or withdrawing an INC
Infection of venipuncture site	.Poor aseptic techniques; for example, failure to keep the site clean or to change IV equipment regularly	.Swelling and soreness at site .Foul-smelling discharge	.Discontinue infusion and remove needle or catheter immediately. Send IV equipment to the lab for bacterial analysis .Culture drainage .Clean site, apply antimicrobial ointment and cover with sterile gauze pad .Restart IV in another limb .Document what you've done	.Review and improve aseptic technique .Remember: Wash your hands thoroughly before beginning any IV procedure

Complication	Possible causes	Signs and symptoms	Nursing considerations	Prevention tips
Systemic infection (more common with plastic catheters than with metal needles)	.Poor aseptic technique .Contamination of equipment during manufacture, storage, or use .Irrigation of clogged IV	.Sudden rise in temperature and pulse .Chills and shaking .Blood pressure changes	.Look for other sources of infection first. Culture urine, sputum and blood, as ordered .Discontinue IV immediately and send all IV equipment to the lab for bacterial analysis .Restart IV in another limb .Notify doctor .Document what you've done	.Review and improve aseptic technique .Take care not to contaminate the site when bathing the patient .If any part of the system is accidentally disconnected, do not rejoin it. Instead, replace the parts with sterile equipment
Speed shock	.Drugs administered too quickly .Improper administration of bolus infusions	.Flushed face .Headache .Tight feeling in chest .Irregular pulse .Loss of consciousness .Shock .Cardiac arrest	.Discontinue drug infusion .Begin an infusion of 5% dextrose in water at KVO rate. You must keep the vein open for emergency treatment .Notify doctor immediately .Document what you've done	.Keep infusion flowing at prescribed rate
Allergic reaction	.Sensitivity to an IV fluid (especially an additive)	.Itching .Rash .Shortness of breath	.Slow infusion to KVO rate .Notify doctor .Document what you've done	.Ask the patient if he has any allergies before beginning venipuncture procedures. Remember, he may have a sensitivity to iodine used as a skin prep

I.V. Solutions

COMMON I.V. SOLUTIONS	BENEFITS FROM ADMINISTRATION	CONDITIONS REQUIRING CAUTION	NURSING CONSIDERATIONS
carbohydrates in water (e.g., 5% dextrose in water)	. Prevents dehydration . Prevents and treats kelosis . Promotes sodium diluresis (particularly following excessive administration of electrolyte solution) . Supplies calories (for energy) . Supplies water (for body needs)	. Water intoxication . Patient is undergoing blood transfusion . Patient is undergoing neurosurgical procedure	
carbohydrates in sodium chloride solution (e.g., 5% dextrose in half-strength saline)	. Promotes diuresis . Correctes excessive fluid loss (due to perspiration) . Prevents alkalosis . Provides calories and sodium chloride	. Renal insufficiency . Edema from cardiac, hepatic or renal disease	
sodium chloride solution (e.g., 0.9% sodium chloride solution)	. Treats alkalosis . Corrects excessive fluid loss . Treats diabetic acidosis . Treats adrenocortical insufficiency . Treats vomiting from pyloric stenosis	. High sodium and chloride plasma concentrations . Dehydration . Hyponatremia . Edema	
Ringer's solution (contains sodium, potassium and calcium)	. Treats dehydration from reduced water intake, vomiting, or diarrhea . Treats mild aklalosis . Treats hypochloremia	. Addison's disease . Severe potassium or calcium deficiency	

COMMON I.V. SOLUTIONS	BENEFITS FROM ADMINISTRATION	CONDITIONS REQUIRING CAUTION	NURSING CONSIDERATIONS
lactated Ringer's solution (contains sodium, potassium, calcium, chloride, and lactate)	. Treats dehydration . Restores normal fluid after extracellular fluid shift (from burns, infection, etc.) . Moderate metabolic acidosis (from renal insufficiency, infant diarrhea, diabetic ketosis)	. Hepatic disease . Anoxia . Addison's disease . Severe metabolic acidosis	
multiple electrolyte solution (contains sodium, potassium, magnesiu, chloride, lactate, phosphate)	. Replaces daily electrolyte, extracellular and water loss . Replaces gastric contents lost through gastric suctioning or vomiting	. Severe renal disease . Diabetes insipidus . Severe hepatic disease	
plasma volume expanders (contains dextran, sodium, chloride)	. Temporarily increases blood volume lost from trauma, hemorrhage, burns, surgery or anesthesia	. Dextran allergy	

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Tube Feedings

1. Identify 6 indications for tube feedings.

2. For the following tubes give advantages and disadvantages:

   Keofeed
   Dobbhoff
   Entriflex

3. Describe the method of instilling the following and the equipment necessary for each:

   a. Bolus
   b. Intermittent feeding
   c. Continuous drip

4. Compare and contrast the following tube feeding formulas:

   a. Ensure
   b. Isocal

5. Demonstrate techniques for NG tube insertion.

6. Describe methods of checking for placement.

7. Demonstrate anchoring the tube.

8. Describe nursing care for patient with NG tube.

9. Identify 3 types of meds that can be crushed and administered via NG tube.

10. Identify 3 types of meds that cannot be crushed and administered via NG tube.

11. Describe procedure for giving tetracycline to a patient with continuous drip NG feeding.

12. When and how will you check for residual?

13. Give 6 reasons for a patient on NG tube feedings developing diarrhea and a nursing action for each.

14. For each of the following supply at least one (1) nursing intervention:

    a. Aspiration pneumonia
    b. Nausea
    c. Distention and bloating
    d. Dehydration
    e. Fluid overload
    f. Constipation
    g. Nasal irritation
    h. Dry mouth
    i. Clogged tube
    j. Ear ache
    k. Weight loss
    l. Electrolyte imbalance

15. Describe procedure for irrigating a nasogastric tube.

16. Describe procedure for removal of NG tube.

17. List 3 factors to consider when contemplating discontinuing the tube feeding for a terminally ill patient.

18. Compare and contrast the procedure for giving a nasogastric feeding and a gastrostomy feeding.

References

Fry, Sara T., "New A.N.A. Guidelines on Withdrawing or Withholding Food and Fluids from Patients", Nursing Outlook, May/June 1988, pp. 122-

Cerrato, Paula L., "Fast Action for a Tube-fed Patient's Diarrhea", R.N., March 1988, pp. 89-90.

Camp, Dawn, et al., "How to Insert and Remove Nasogastric Tubes Quickly and Easily", Nursing '90, September 1990, pp. 59-65.

Metheny, Norma, "20 Ways to Prevent Tube-Feeding Complications", Nursing '85, January 1985, pp. 47-50.

Smith, Sandra, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 359-366.

Williams, P. J., "How Do You Keep Medicines from Clogging Feeding Tubes", A.J.N., February 1989, pp. 181-182.

Diagnostic Tests

1. Identify 4 types of contrast media used in dye injection studies.

2. Discuss 3 patient problems with dye injection studies.

3. For each of the following dye injection studies provide rationale for test, preparation of patient, description of procedure, and post care of patient:

   a. Oral cholecystogram
   b. Intravenous cholangiogram
   c. Intravenous pyelogram
   d. Myelogram
   e. Arteriogram
   f. Computerized Axial Tomography (CAT)
   g. Cardiac catheterization

4. List 4 symptoms of a dye reaction.

5. List at least 2 nursing interventions for the following potential problems of dye injected studies:

   a. Allergic reaction
   b. Patient eating when should be NPO
   c. Patient refusing test at last minute
   d. Hemorrhage from puncture sites (arteriogram and cardiac cath)
   e. Irregular pulse after cardiac catheterization

6. For each of the following radioactive studies supply rationale for study, patient preparation, and post care of patient:

   a. Bone scan
   b. Lung scan
   c. Brain scan

7. Why should barium studies follow IVPs, ultrasound exams, and arteriograms?

8. For the following barium studies give the rationale, patient preparation and post care:

   a. Barium enema
   b. Upper G.I. study

9. The patient is unable to expel the barium after the study. Supply 3 possible solutions.

10. For the following procedures give the rationale for test, patient preparation, description of procedure, and patient post care and potential problems.

    a. Lumbar puncture
    b. Liver biopsy
    c. Thorocentesis
    d. Paracentesis
    e. Bone marrow aspiration
    f. Vaginal exam and Paps smear
    g. Proctoscopy
    h. Gastroscopy/endoscopy
    i. Cystoscopy
    j. Magnetic resonance imaging (MRI)

11. For each of the following common hematology studies supply the clinical application and the normal values. (Differentiate men and women where appropriate.)

    a. C.B.C.
    b. W.B.C.
    c. Differential count
        (1) Neutrophils
        (2) Eosinophils
        (3) Basophils
        (4) Lymphocytes
        (5) Monocytes
    d. R.B.C.
    e. Hematocrit
    f. Hemoglobin
    g. Red Blood Cell Indices
        (1) MCV
        (2) MCH
        (3) MCHC
        (4) Stained erythrocyte exam
    h. Platelet count
    i. E.S.R.
    j. Reticulocyte count
    k. Sickle Cell
    l. Bleeding time
    m. P.T.T.
    n. P.T.
    o. Lee-White

12. For the following common blood chemistry studies supply the clinical application and normal values.

    a. Acid phosphatase
    b. Alkaline phosphatase
    c. Bilirubin (direct and indirect)
    d. B.U.N.
    e. Calcium
    f. Chloride

g. Cholesterol
h. Creatinine
i. Folic acid
j. Fasting blood sugar
k. Magnesium
l. Phosphorus
m. Potassium
n. S.G.O.T.
o. S.G.P.T.
p. S.M.A. - 12
q. Sodium
r. Total blood proteins

13. For the following common arterial blood gas studies supply the clinical application and normal values:

a. Oxygen
   (1) Partial pressure (PO_2)
   (2) Saturation (SO_2)
b. Carbon dioxide (PCO_2)
c. pH

References

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California.

Kemp, Brenda and Adele Pillitterie, Fundamentals of Nursing, Little, Brown and Company, Boston, 1984, pp. 1131-1136.

Collecting Specimens

1. List 3 nursing responsibilities associated with specimen collecting.

2. Describe procedure for the following urine specimens:

   a. Single urine specimen
   b. Clean catch specimen
   c. 24 hour urine specimen

3. Demonstrate procedure for:

   a. Clinitest
   b. Acetest
   c. Specific gravity

4. Describe procedure for the following:

   a. Collecting adult stool specimen
   b. Collecting stool for parasites
   c. Collecting stool for bacteria
   d. Collecting stool for pinworms

5. Demonstrate testing stool for occult blood.

6. List 6 guidelines that must be followed when collecting stool specimens for parasites.

7. Demonstrate the following:

   a. Collecting blood using vacutainer
   b. Use of autolet
   c. Use of Accu-chek machine

8. Describe collection of sputum specimen.

9. Demonstrate obtaining a throat culture.

Reference

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 434-456.

Catheterizations

1. Describe the following giving cause, symptoms and nursing care:

   a. Urinary retention
   b. Lower urinary tract infection
   c. Urinary incontinence
   d. Enuresis
   e. Urinary diversions

2. Identify 8 factors affecting urination.

3. List and describe 3 characteristics of normal urine.

4. Describe the following urine specimen collections:

   a. Random specimen
   b. Clean-voided or midstream
   c. Sterile specimen
   d. Timed urine specimens
   e. Double-voided specimens

5. Supply <u>normal</u> urinalysis values:

   a. pH
   b. Protein
   c. Glucose
   d. Ketones
   e. Blood
   f. Specific gravity

6. Describe how the nurse can use each of the following to promote normal micturition:

   a. Stimulating micturition reflex
   b. Maintaining voiding habits
   c. Adequate fluid intake
   d. Complete bladder emptying
   e. Strengthening pelvic floor muscles
   f. Bladder retraining

7. Demonstrate each of the following:

   a. Insertion of straight catheter - male/female
   b. Insertion of retention catheter - male/female

8. Describe catheter care for male and female.

9. Demonstrate removal of retention catheter.

10. Provide at least 2 solutions for each of the potential problems associated with catheters.

    a. Catheter inserted in vagina of female patient
    b. Catheter contaminated during insertion
    c. Inability to insert catheter in
        (1) Female patient
        (2) Male patient
    d. Urine exceeds 1000 cc with catheterization
    e. Catheter comes out with balloon still inflated

11. Demonstrate:

    a. Condom catheter application
    b. Attaching a leg bag

12. Discuss solutions for the following condom catheter problems:

    a. Incontinency
    b. Condom falls off
    c. Penis becomes red and excoriated

13. Describe the suprapubic catheter and its care.

14. List at least 10 tips for preventing infection in catheterized patients.

15. Demonstrate specimen collection from closed systems.

References

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 457-490.

Potter, Patricia A. and Anne G. Perry, Fundamentals of Nursing, 2nd Edition, C. V. Mosby Company, St. Louis, 1989, pp. 1075-1109.

AIDS

1. Define:

   AIDS
   ARC

2. Describe the affect of HIV infection on the immune system.

3. Compare and contrast the symptoms of AIDS and ARC.

4. Describe the transmission of HIV.

5. List the major risk groups for HIV infection.

6. List 4 ways by which the virus enters the body.

7. Identify 10 symptoms of AIDS.

8. Describe 2 common complications of AIDS.

9. List 10 CDC precautions utilized to prevent the transmission of HIV.

10. Describe in detail the handling of spills of blood or other body fluids.

11. Discuss the psychosocial aspects of caring for an AIDS patient.

12. Identify 5 common nursing diagnoses you would expect to find on an AIDS patient's chart.

Reference

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 617-642.

Universal Blood and Body Fluid Precautions

1. Define medical asepsis and infection control.

2. List the 4 common ways in which the human immunodeficiency virus enters the body.

3. State the reason for using Universal Blood and Body Fluid Precautions on all patients.

4. List 10 precautions health care workers should use to protect themselves from HIV or other blood-borne pathogens.

5. Describe techniques used for handling the following contaminated equipment:

   a. Needles and syringes
   b. Dishes
   c. Linen
   d. Non-disposable equipment (stethoscopes, thermometers, etc.)

6. Discuss housekeeping considerations.

7. Describe how you would clean up a spill of blood or other body fluid from an HIV patient.

References

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, CA, 1988, pp. 600-615 and 618-641.

AORN Journal, November 1987, pp. 979-998.

Environmental Safety in Long Term Care

1. List 7 reasons why nursing home infections are quite common.

2. Discuss use of environmental cultures.

3. Identify the most important means of reducing spread of organisms.

4. Describe care of the following to prevent spread of organisms.

    Water pitchers and glasses
    Tubs
    Clean linen
    Soiled linen
    Floors
    Patient's furniture
    Items soiled with blood or body fluids

5. Describe how patient safety can be insured by/with:

    Hand rails
    Grab bars
    Spills and litter
    Canes, crutches, walkers
    Side rails
    Call light
    Bed position
    Wheel chair
    Gurney
    Electrical equipment
    Lighting
    Clutter
    Nonskid strips
    Rugs/carpets
    Unlabeled containers
    Hot water bottles/heating pads
    Smoking
    Fire safety program

6. Describe how the following environmental considerations affect the elderly patient:

   Temperature
   Humidity
   Ventilation
   Room furnishings
   Noise
   Privacy

7. List 6 general guidelines for use of restraints.

Videotape - "Environmental Safety in Long Term Care"

Hazards of Immobility

1. For each of the following immobility problems give a brief explanation, cause, and nursing interventions.

   a. Cardiovascular problems
      (1) Orthostatic hypotension
      (2) Increased work load on heart in resting supine position
      (3) Thrombus formation
   b. Respiratory problems
      (1) Decreased respiratory movement
      (2) Stasis of secretions
      (3) Oxygen-carbon dioxide imbalance
   c. Gastrointestinal problems
      (1) Negative nitrogen balance
      (2) Anorexia
      (3) Constipation
   d. Musculoskeletal deterioration
      (1) Osteoporosis
      (2) Contractures
      (3) Decubitus ulcers
   e. Renal and urinary excretory problems
      (1) Renal and bladder infections
      (2) Incontinence
      (3) Urinary tract stones
   f. Metabolic problems
      (1) Fluid and electrolyte losses through increased perspirations
      (2) Hormone imbalance
      (3) Diurnal variations
   g. Psychosocial problems
      (1) Human behavior
      (2) Motor
      (3) Perceptual behavior
      (4) Social role changes

2. Complete a care plan for an immobile patient.

Tracheostomy

1. Define: Tracheotomy
   Tracheostomy

2. Discuss voice capabilities of the above.

3. Describe the metal and plastic tracheostomy tubes and cuffed vs. noncuffed tubes.

4. Demonstrate the following:

   Cleaning the inner cannula
   Tracheostomy suctioning
   Inflating and deflating tracheal cuff
   Changing tracheostomy dressings
   Changing tracheostomy ties

5. Why are two people needed to change the ties?

6. Discuss sterile vs. clean technique for doing trach care.

Reference

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 678-687.

Blood Transfusion

1. List 3 purposes for blood transfusion.

2. Review the 4 main blood groups.

3. Describe the Rh factor and its significance in blood transfusion.

4. Describe the following in detail:

   Pretransfusion assessments
   Data collection and nursing responsibilities during transfusion

5. List 8 blood transfusion reactions.

6. Describe 7 nursing actions for a blood transfusion.

7. Discuss warming blood for a transfusion.

8. Name IV fluid used to start blood and reason.

9. Supply nursing actions for the following transfusion problems:

   Transfusion reaction
   Clogged tubing
   Blood hanging more than 4 hours

10. Demonstrate procedure for administering a blood transfusion.

References

Potter, Patricia and Anne Perry, Fundamentals of Nursing, 2nd Edition, C. V. Mosby Co., St. Louis, 1989, pp. 1064-1068.

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 768-774.

Bowel Elimination

1. Review the anatomy and physiology of the gastrointestinal system.

2. Describe the digestive process:

   a. Mechanical
   b. Chemical

3. Describe the following alterations in elimination:

   a. Hypermotility
   b. Hypomotility
   c. Obstruction of bowel lumen
   d. Circulatory deficiencies
   e. Ileostomy
   f. Cecostomy
   g. Ascending colostomy
   h. Descending/siginoid colostomy
   i. Loop colostomy
   j. Double-barrel colostomy
   k. End colostomy

4. Discuss risk of vagal stimulation complication during removal of fecal impaction.

5. Describe digital stimulation.

6. Discuss autonomic hyperreflexia.

7. List 5 points to include in a good bowel training program.

8. Describe the following types of enemas:

   a. Cleansing
      (1) Soap suds
      (2) Tap H_2O
      (3) Saline
   b. Oil
   c. Carminative

9. List 5 items to include in enema documentation.

10. List 6 potential problems associated with enema administration and at least 2 solutions for each problem.

11. Compare/contrast a colostomy with an ileostomy including:

    a. Etiologic factors
    b. Bowel control
    c. Stool consistency
    d. Use of appliance
    e. Nursing care priorities
    f. Fluid requirements
    g. Diet
    h. Medications
    i. Psychosocial

12. Describe examination of the stoma.

13. Describe procedure for ostomy pouch application.

14. Identify solutions to the following problems:

    a. Stoma appears dark, dusky colored, or black
    b. Stoma becomes ulcerated or cut
    c. Pouching system does not provide skin protection

15. Describe foods to include and foods to avoid on the diet of a patient with an ostomy.

16. Discuss odor control for your ostomy patient.

17. Describe the colostomy irrigation procedure.

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 510-536.

Colostomy Care

1. Define:

   a. colostomy
   b. ileostomy
   c. stoma
   d. double-barreled colostomy
   e. single-barreled colostomy

2. Compare and contrast colostomy and ileostomy.

3. Discuss skin care around the ostomy site.

4. List 3 nursing diagnoses specific to bowel elimination.

5. Describe the psycho-social needs of colostomy patients.

6. Describe the colostomy irrigation procedure using a cone vs. a catheter.

7. List 9 potential colostomy irrigation problems and at least 2 solutions for each.

8. Describe a healthy stoma and variations that may indicate a problem.

9. Demonstrate ostomy pouch applications.

10. Describe documentation of ostomy pouch application.

11. Collect data on local Ostomy Club (meeting place, date, time, etc.).

Smith, Sandra and Donna Duell, Clinical Nursing Skills, 2nd Edition, National Nursing Review, Inc., Los Altos, California, 1988, pp. 528-537.

Delegation Audit

How effective are you in:	low					high
1. Establishing work priorities for your subordinates?	1	2	3	4	5	6
2. Giving subordinates the necessary freedom and authority to work effectively?	1	2	3	4	5	6
3. Building confidence through guidance and direction?	1	2	3	4	5	6
4. Defining requirements clearly but not rigidly when you delegate work?	1	2	3	4	5	6
5. Relinquishing work you would like to do to others who can do it as well?	1	2	3	4	5	6
6. Spelling out the purpose and importance of a task as well as other related duties?	1	2	3	4	5	6
7. Assigning someone to coordinate your activities when you are away?	1	2	3	4	5	6
8. Taking advantage of others' specialized skills when delegating?	1	2	3	4	5	6
9. Injecting challenge and motivation into tasks that you delegate?	1	2	3	4	5	6

Total points _____

Divide by 9 _____

Interpretation:
5-6 - Terrific
3-4 - So-so
1-2 - Not delegating

Patient Teaching

1. Define teaching and learning as related to Patient Teaching.

2. Describe 12 principles of teaching and learning.

3. List 6 common factors that interfere with effective patient teaching.

4. Describe 5 methods used to improve patient teaching.

5. Using the Patient Teaching Form from your clinical facility, assess a learning need of a patient, plan, teach, and evaluate your teaching. This will be discussed in your conference.

Patient Teaching - Programmed Instruction Unit - on reserve in Library.

Management

1. Discuss the 3 elements of management.

   a. Things
   b. People
   c. Ideas

2. Discuss self management in terms of:

   a. Time
   b. Physical resources
   c. Ideas

3. Describe how each of the following are utilized in managing others:

   a. Communication
   b. Delegation
   c. Motivation

4. Keep a time log for one clinical shift.

Time	Action	Priority	Comments
(15 minute intervals)	(specific task)	(urgent important routine)	

   This log will be discussed in your conference.

5. Do delegation audit.

6. Be prepared to discuss in conference how you would handle the following work situations:

   a. Worker does not follow directions or complete tasks on time.
   b. Worker is always finding fault with peers.
   c. Directing the non-motivated worker.
   d. Supervising the "know it all" worker.

Collection of Management articles on reserve in Library.